	PATEN	F APPLICATI Effe		OETERN ober 1, 20		TON REC	ORC	'	109	82	729	9
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER TH				
TOTAL CLAIMS			20				.	RATE	FEE		RATE	FEE
F	OR	NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC F	EE 385.0	20 0	R BASIC FEI	770.00	
T	OTAL CHARGE	20 0	20 minus 20=		•		XS 9=			X\$18=		
IN	DEPENDENT (3 minus 3 =					X43=		=	You		
M	MULTIPLE DEPENDENT CLAIM PRESENT								+	-10	`	-
* If the difference in column 1 is less than zero, enter *0* in column 2								+145=			` 	
٦		CLAIMS AS						TOTAL	38			
	A - 1 /// -	(Column 1)	AMENDE	(Cotum		(Column 3)		SMALI	. ENTEY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER	PRESENT EXTRA	V	RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE
	Total	1.17.	Minus	1-20	2	2		X5 9=	1/	OR	X\$18=	
	Independent	. /	Minus	-	<u> </u>	-0		X43=		OA	X86=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
	1 19						L	TOTAL		OR	TOTAL	
1	112/2	(Column 1)		(Columi	n 2)	(Column 3)	A	DOIT. FEE	<u> </u>	400	ADDIT. FEE	
AMENUMENT B		CLAIMS REMAINING AFTER AMENDMENT	·	MIGHE NUMBE PREVIOU PAID FO	ST PA ISLY	PRESENT EXTRA	[RATE	ADDI- TIONAL FEE] \	RATE	ADDI- TIONAL FEE
	Total	· 1.3	Minus	- L		• \	r	X\$ 9=	TEE.	LOR	X\$18=	ree.
	Independent	• (Minus	3		•	H	X43=	·	1	X86 ₂	
	FIRST PRESE	NTATION OF MU	ILTIPLE DE	PENDENT C	LAIM		\vdash			OR		
							L	145=		OR	+290=	•
							AD.	DIT. FEE		JOR	ADDIT. FEE	
7	`	(Column 1) CLAIMS		(Column HIGHES	_	(Column 3)	÷					1001
		REMAINING AFTER AMENDMENT		PREVIOUS PAID FO	SLY	PRESENT EXTRA	1	PATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ŀ	lota!	•	Minus	-			1	(\$ 9=		OR	X\$18=	
	ndependent	1	Minus	***	1	•	1	(43=			X86=	•
L	IRST PRESE	VITATION OF MU	LTIPLE DEP	ENDENT C	AIM		H			OR		
# the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE										OR .	DOIT. FEE	

Application or Docket Number